

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64	1					
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74	1					
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81	1					
32							82						
33	1						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43	1						93						
44							94						
45							95						
46							96						
47							97						
48							98						
49	1						99						
50							100						
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	27					
TOTAL CLAIMS							TOTAL CLAIMS	34					